P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethica Commission Filers)	2 Total pages filed:
3 CANDIDATE /	M S / M RS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST HOLMES	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE#: CITY: 1141 EROGRAMDE EL PAGO TY	7 9502	Date Hend-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 534 -7306	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST DOELD NICKNAME LAST HOLMES	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (975) 586- 7874	EXTENSION	
9 REPORT TYPE	Jenuary 15 30th day before election July 15 0th day before election	Runoff Exceeded \$500 timit	15th day after campaign (reasurer appointment (one-sholder only) Final report (Allach C/DH - FR)
10 PERIOD COVERED	Month Dsy Year THROUGH	Morrih Day	Year
11 ELECTION	Month Day Your ELECTION TYPE Month Day Your Primary	Runoff	General Special
12 OFFICE	OFFICEHELD (Fany) JUDGE MUNICIPAL COURT OF APPLALS	13 OFFICE SOUGHT (If known	n)
	GO TO PAG		

Texas Ethics Commission

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(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH Cover Sheet pg 2

SUPPORT	& TOTAL	S	COVER SHEET PG 2
14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE E HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA'	\$ 0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI AY OF THE REPORTING PERIOD	\$ 0
	ALEXIS L. NUNO OMMISSION EXPIRES March 8, 2016	I swear, or affirm, under penalty of period is true and correct and includes all in me under Title 15, Election Code. Signature of Candid	formation required to be reported by
AFFIX NOTARY STAM		me, by the said BOKLL S. HOLMS	ES JA, this the
	of May	Aexis L. NUNO	
Signature of officer admi	Mistering oath	Printed name of officer administering oath	Title of officer administering eath

exas Ethics Com	mission P.O. Box 12070	Austri, Texa	s 78711 - 2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIO		S		SCHEDULE A
The	Instruction Guide explains how to	complete this	form.	1 Total pages Scho	edule A;
2 FILER NAME				3 ACCOUNT # (E	thics Commission Fliers)
DOEL	ch 5 Houn	1 <u>E</u> 5	JA		
4 Date		-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; St	ste; Zlp Code	· · · · · · · · · · · · · · · · · · ·		
			•		
O Division age	pation / Job title (See Instructions)		10 Employer (See		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)		10 Employer (dee 1		
Date	Full name of contributor 🔲 👓	n-of-state PAC (IDII:		Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address; City; St	ate; Zip Code	. , , , , , , , , , , ,		 -
Driverset seem	pation / Job title (See Instructions)	T	Employer (See I		of Texas, complete Schedule T)
Principal occu	battott i non tins (See mannonous)				
Date	Full name of contributor 🔲 o	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; St	ato: Zip Code	, ,		<u>. </u>
				/IF tenuel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		Employer (See	,	or toxas, complete schedule 1)
Date	Full name of contributor 🔲 ou	ut-of-state FAC (IDH;		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; St	ate: Zip Code			
			Employer (See	l	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		Employer (000	mad dodoney	
Date	Full name of contributor 🔲 ou	It-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; Si	tate; Zip Code	, ,		
				(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		Employer (See	Instructions)	
lf	ATTACH ADDITIOI contributor is out-of-state PAC, pi	NAL COPIES O	FTHIS SCHEDULE	AS NEEDED	requirements.

exas Ethics C	commission	P.O. Box 12070	Austin, Texa	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
PLED	GED CC	NTRIBUTIO	NS			SCHEDULE B
T	he instruction	Guide explains how	to complete this	form.	1 Total pages Scher	dule 8:
FILER NAM	ME .				3 ACCOUNT # (Eth	ica Commission Filors)
0	DELL S	5. Hours	166	JR.		
ТС	TALOFUNI	TEMIZÉD PLEDGI	≣\$: ⇒	+ +	⇔ ⇔	\$
5 Date	6 Full nar	ne of pledgor 🔲 👊	u-of-sinto PAC (ID#:]	8 Amount of pledge (\$)	9 (in-kind description (if applicable)
	7 Pledgo	address; City;	State: Zip Code			
					(If travel outside of	Texas, complete Schedule T)
0 Principal oc	ccupation / Job t	itle (See Instructions)		11 Employer (See		
Dete	Pull nar	ne of pledgor 📋 👊	и-от-лия в РАС (ID#:)	Amount of pledge (\$)	in-kind description (if applicable)
·	Pledgo	address; City;	State; Zip Code	, , , , , , , , , ,		
					(If travel outside on	Texes, complete Schedule T)
Principal od	cupation / Job (itle (See Instructions)		Employer (See		Teast, complete ecreeure 17
Date	Full nar	ne of pledgor	it-of-state PAC (IDII:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgo	eddress; City;	State: Zip Code	· · · · · · · · · · · · · · · · · · ·		
			•		(If travel outside o	F Toxas, complete Schedule T)
Principal o	ccupation / Job	title (See Instructions)		Employer (See		
Date	Full nar	ne of pledgor 🔲 🛭 0	ut-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgo	r address; City;	State: Zip Code		·	·
					// / / / / / / / / / / / / / / / / / /	# Towns complete Schoolule Ti
Principal of	ccupation / Job	title (See Instructions)		Employer (See		f Texas, complete Schedule T)
			. :			
Date	Full nar	me of pledgor 🔲 o	ut-of-state PAC (ID#:)	Amount of piedge (\$)	in-kind description (if applicable)
	Pledge	r address; City;	State: Zip Code			
					(If travel outside o	f Texas, complete Schedule T)
Principal o	ccupation / Job	title (See Instructions)		Employer (See	- immun	
	if contributor	ATTACH ADDITI	ONAL COPIES O	F THIS SCHEDUL	EAS NEEDED additional reporting	requirements.

Texas Ethics Comn	nission	P.O. Box 12070	Austin,	Texas 78711-2070	(512) 463	3-5800	(TDD 1-800-735-2989)
LOANS							SCHEDULE E
TI	ne Instruction	Gulde explains ho	w to compl	ete this form.	1	Total page	es Schedule E:
2 FILER NAME			<u> </u>		3	ACCOUNT	# (Ethics Commission Filors)
0	ar e e	5. Ho	رسم یا د	TR			
4				2			
тот	ral of Uni	TEMIZED LOA	NS: =	+ - + + +	\$ \$		\$
5 Date of loan	7 Name o	of lender		out-of-state PAC (ID#:			9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender	address; City;	State;	Zip Code	· ·	1	10 Interest rate
						1	1 Maturity date
YN		(2)		13 Employer (See Ins	structions\		
12 Principal occup	etion / Job litio	(See Instructions)		13 Employer (See mi	511001101107		
14 Description of C	Colleteral	<u> </u>		15 Check If personal I	unds were de	posited in	nto political account
none							
16 GUARANTOR INFORMATION	17 Name o	of guarantor				1	9 Amount Guaranteed (\$)
not applicable	18 Guerar	ntor address;	City;	State; Zip Code			
20 Principal Occup	petion (See Inst	ructions)		21 Employer (See Inc	atructions)		·
Date of loan	Name	oflender		out-of-state PAC (IDII:			Loan Amount (\$)
Is lender a financial	Lender	eddress; City:	State:	Zip Code			Interest rate
institution?			·				Maturity date
Principal occup	pation / Job title	(See Instructions)		Employer (See Ins	tructions)		
Description of C	ollateral			Check If personal f	unds were de	posited in	to political account
none	•						
GUARANTÓR INFORMATION	1	ofguarantor	<u></u>				Amount Guaranteed (\$)
oot applicable		ntor address;	Clty;	State; Zip Code			× .
Principal Occup	pation (See Inst	ructions)		Employer (See Inst	tructions)	·.	
If I	lender is out-o	ATTACH ADDITIO	NAL COPI	ES OF THIS SCHEDUL ruction guide for addi	E AS NEED!	ED ting requ	uirements.

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POLITICAL	EXPENDITURES		SCHEDULE F
		IFO FOO DOY NO	
Advertibing Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	es/Contract Labor Loan Repayme undraising Expense Transportation i trict Contributions/D of District Candidate/C ead/Rental Expense OTHER (enters	nt/Reimbursement Equipment & Related Expense chatrions Made By Efficeholder/Political Committee a estegory not listed above)
1 Total pages Schedule F:	2 FILER NAME ODELLE & Hopm	45 JR 3 ACCOL	JNT # (Ethica Commission Filers)
4 Date	5 Payée name		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е	
8 PURPOSE OF EXPENDITURE	(a) Category (Son calogories listed at the top of this schedule)	(b) Description (If traval autable of	Toxos, complete Schedule T)
9 Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City: State: Zip Cod	ic	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State: Zip Cod	6	
PURPOSE OF EXPENDITURE	Category (Son coregories listed at the top of this schedule)	Description (If traval outside of	Texes, complete Schedule T)
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Раусе пате	A Control of the Cont	
Amount (\$)	Payee address; City; State; Zlp Cod	le	
PURPOSE OF EXPENDITURE	Cattegory (See categories listed at the top of this schedule)	Description (If travel outside of	
Complete ONLY If direct	Cendidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Foos Gift/Awards/Memorials Expense Legal Services Food/Reverge Expense

Food/Beverage Expansa Polling Expansa Printing Expansa Salaries/Wages/Contract Labor Sollcitation/Fundraising Expense Travel in District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement,
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (anter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT# (Ethics Commission Filers)
	Cours 5. Hornes	5 TR
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursament from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See entagorina listed at the top of this echedule)	(b) Description (If Iraval outside of Taxes, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zlp Code	
Reimbursament, from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schodule)	Description (If trevel outside of Texes, compline Schadule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zlp Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (Son collegeries listed at the top of this schedula)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense	Polling Expense	Travel Out Of Dist		andidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	·	ER (enter a category not listed above)
		ilds explains how to	complete this form.	A ACCOUNT # #Filtring Commission Filtural
Total pages Schedule H:	2 FILER NAME	Hormes	TR	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Business name		,	
Amount (\$)	7 Business address; Clty;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See entegories listed at the	ne lop of this schadule)	(b) Description (if trav	ral autalda of Texes, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	me	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City;	State; Zip Code		
PURPOSE OF	Category (See categories listed at the	ne top of this schedulo)	Description (If trev	rel outside of Taxas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	me	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City;	State; Zip Code		
PURPOSE OF	Category (Sno chiogories listed at ti	ne top of this schedula)	Description (If trav	vel outside of Thans, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ime	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; Clty;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at t	he top of this schedule)	Description (If Ire	vel outside of Toxas, complete Schedule T)
Complete ONLY If direct expanditure to benefit C/C	Candidate / Officeholder na PH	ame	Office sought	Office held
	ATTACH ADDITIONA	L CODIES OF THIS	SCHEDULE AS NEE	EDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Foos

Glft/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel in District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

QTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction doing explains now to	
1 Total pages Schedule I:	POEN S PORMES	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City: State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See Instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (Soo categories listed at the top of this achedula)	Description (See instructions regarding type of information required.)
Date	Рауее пяте	
Amount (\$)	Psyee address: City; State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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		1 Total pages Scho	edule K:
The	Instruction Guide explains how to complete this form.	1 som bañas acua	Julio IV.
FILER NAME	DELL S. Hannes TK	3 ACCOUNT# (E	thics Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Cod	,	
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City: State; Zip Cod		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Coo	, , , , ,	
		·	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Cod		
	Purpose for which amount is received		1
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	FACNEEDED	

(TDD 1-800-735-2989) P.O. Box 12070 (512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schodule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filors) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schadule F Schedule G Schedule B Schodule C Schedule A PAC-E PAC-C COH-T Schedule N COH-UC Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule D Schedule B Schedule C \$chedule A PAC-E PAC-C Schedule H Schedule N COH-UC Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, sominar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F Schedule G Schedule C Schedule A Schedule B PAC-E COH-T PAC-C COH-UC Schedule H Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

04/28/2013 07:05

Texas Ethics Commission

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	CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT	FORM C/OH - FR						
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	CIOHNAME PAGE 5. HORMES JR	2 ACCOUNT # (Ethics Commission Filers)						
3	SIGNATURE							
	I do not expect any further political contributions or political expenditures in connection with my connection as a final report terminates my campaign treasurer appointment. I also understand that I must be any campaign expenditures without a campaign treasurer appointment on file. Signal	candidacy. I understand that designating a may not accept any campaign contributions ture of Candidate/Officeholder						
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder							
	A. CAMPAIGN FUNDS							
	Check only one:							
	I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.						
•	I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions long report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code,	and that I may not retain unexpended ger than six years after filing this final and unexpended interest or income						
	B. ASSETS							
	Check only one: I do not retain assets purchased with political contributions or interest or other income	from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from plant may not convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	e from political contributions to personal						
		Signature of Candidate						
5	OFFICEHOLDER Complete this section only if you are an officeholder							
	I am aware that I remain subject to filing requirements applicable to an officeholder who do I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or Interest or other income from political contributions.	utions, or assets purchased with political						
1		Signature of Officeholder						